CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



RÉCEIVEDOVER PAGE FAIR POLITICADVER PAGE PRACTICES COMMISSION MAR 2 2012 KRITH M. WILLIAMS MARIPOSA COUNTY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) AM 11: 00 2012 APR 10 Allen 1. Office, Agency, or Court Deputy County Clere Agency Name Mariposa County Board of Supervisors Your Position Division, Board, Department, District, if applicable District 5 Supervisor ▶ If filing for multiple positions, list below or on an attachment. See attached. Soo attached 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) County of Mariposa Multi-County ____ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through Leaving Office: Date Left ____/___ December 31, 2011. (Check one) -∩r-O The period covered is January 1, 2011, through the date of The period covered is ____/___ leaving office. December 31, 2011. O The period covered is _______, through Assuming Office: Date assumed _____/___ the date of leaving office. Office sought, if different than Part 1: _____ Candidate: Election Year _ 4. Schedule Summary ► Total number of pages including this cover page: Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No renortable interests on any schedule Thave used all reasonable diligence in preparing this statement. I have reviewed the herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that February 23, 2012 Date Signed _ Signatu (month, day, year)

Agency and Committee Assignments

Jim Allen 2011

1.	Area 12 Agency on Aging/PSA 12	Representative
2.	California State Association of Counties (CSAC)	Alternate
3.	County Medical Services Program (CMSP)	Representative
4.	Mountain Valley EMS Agency & Regional Advisory Board	Representative
5.	National Association of Counties (NACO)	Alternate
6.	Regional Council of Rural Counties (RCRC)	Alternate
7.	San Joaquin Valley Regional Assoc. of California Counties	Representative
8.	Yosemite/Sequoia Resource Conservation & Development Council	Alternate
9.	Local Transportation Commission	Vice Chairman
10.	Local Agency Formation Commission (LAFCo)	Commissioner
11.	Mariposa County Public Financing Corporation	Vice-President

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
James H. Allen

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Commercial Building	
Name 5081 Highway 140	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship X Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000 S500 - \$1,000 OVER \$100,000 S \$1,001 - \$10,000	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{2}\$	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	S100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name James H. Allen

>	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	5081 Highway 140		
	CITY		CITY
	Mariposa		
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:		FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
	NATURE OF INTEREST		NATURE OF INTEREST
	Ownership/Deed of Trust Easement		Ownership/Deed of Trust Easement
	Leasehold Other		Leasehold Other
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	☐ \$0 - \$499 \$500 - \$1,000		☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
	S10,001 - \$100,000 DVER \$100,000		\$10,001 - \$100,000 OVER \$100,000
	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.		SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
*	You are not required to report loans from commercial le business on terms available to members of the public w loans received not in a lender's regular course of busine	ithc	out regard to your official status. Personal loans and
	NAME OF LENDER*		NAME OF LENDER*
,	ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)
	BUSINESS ACTIVITY, IF ANY, OF LENDER		BUSINESS ACTIVITY, IF ANY, OF LENDER
	NTEREST RATE TERM (Months/Years)		INTEREST RATE TERM (Months/Years)
	%		%
ı	HIGHEST BALANCE DURING REPORTING PERIOD		HIGHEST BALANCE DURING REPORTING PERIOD
[\$500 - \$1,000 \$1,001 - \$10,000		□ \$500 - \$1,000 □ \$1,001 - \$10,000
Ĺ	☐ \$10,001 - \$100,000 ☐ OVER \$100,000		S10,001 - \$100,000 OVER \$100,000
[Guarantor, if applicable		Guarantor, if applicable
-	mmonte:	ľ	